

2001 UNIFORM BUSINESS REPORT (UBR)

0001622 AF

DOCUMENT # L00000005387

1. Entity Name

PRODUCTIVE IDEAS, L.L.C.

FILED

01 APR -2 PM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 3191
PONTE VEDRA BEACH FL 32004-3191

Mailing Address

P.O. BOX 3191
PONTE VEDRA BEACH FL 32004-3191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3646306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGHAM, DAVID W

C/O LANGHAM & LANGHAM, P.A.

13000 SAWGRASS VILLAGE CIRCLE, SUITE 28

PONTE VEDRA FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700003994307--4
-04/12/01--01066--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ~~RENEE PAUL CHAIRMAN~~
STREET ADDRESS LARRY E. ROSE
CITY-ST-ZIP 100 DEER HAVEN DRIVE
PONTE VEDRA BEACH, FL 32082-2171

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS VICKIE L. ROSE
CITY-ST-ZIP 100 DEER HAVEN DRIVE
PONTE VEDRA BEACH, FL 32082-2171

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

LARRY E. ROSE

3/12/2001

(904) 273-9626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)